



EERA FAIR SHARE FEE RESCISSION PETITION

DO NOT WRITE IN THIS SPACE: Case No.: Date Filed:

REQUIREMENTS:

1. A petition for rescission of an existing fair share fee provision (organizational security arrangement) must be filed with the appropriate PERB regional office (see PERB Regulation 32075) and accompanied by proof of at least 30 percent support of the employees in the unit covered by the fair share fee provision. (Government Code Section 3456(d)(1) and PERB Regulations 34020 through 34040.)
2. *Each* card or sheet of paper on which signatures of employees are obtained should state at the top that the undersigning employees are petitioning PERB to hold a secret ballot election to vote on rescission of the fair share fee provision implemented by the (name of employee organization) and the (employer) covering employees in the (title) unit. Proof of support shall conform to the requirements of PERB Regulation 32700(b), (c), (e)(3), (f), and (g), and must have been obtained within one academic year. (Government Code 3546(d)(1) and PERB Regulations 32001(d) and 34020(c).)
3. The petition, *excluding* the proof of at least 30 percent support, must be served on the employer and the exclusive representative. Proof of service, as defined in PERB Regulation 32140, shall be included with the petition.

<div>1. EMPLOYER (Name, address and telephone)</div> <div><div>() Ext.</div><div>Employer’s agent to be contacted:</div><div>Title:</div><div>Address and telephone, if different:</div><div><div>() Ext.</div></div></div>	<div>2.EXCLUSIVE REPRESENTATIVE (Name, address & telephone)</div> <div><div>() Ext.</div><div>Agent to be contacted, if known:</div><div>Title:</div><div>Address and telephone, if different:</div><div><div>() Ext.</div></div></div>
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3. TITLE OF THE ESTABLISHED UNIT:

4. APPROXIMATE NUMBER OF EMPLOYEES IN THE ESTABLISHED UNIT:

5. INFORMATION REGARDING CURRENT WRITTEN AGREEMENT, IF ANY:

EFFECTIVE DATE:

EXPIRATION DATE:

ARTICLE OR SECTION NUMBER, IF ANY, OF THE FAIR SHARE FEE PROVISION:

6. AUTHORIZED AGENT OF GROUP OF EMPLOYEES FILING RESCISSION PETITION:

Name:

Address:

City: Zip: Telephone: () Ext.

I declare that the statements herein are true to the best of my knowledge and belief and that this fair share fee rescission petition is accompanied by proof of at least 30 percent support of the employees in the established unit.

PETITIONER’S AUTHORIZED AGENT:

(Signature)

Title (if any): Date:

Los Angeles Regional Office 3530 Wilshire Blvd., Suite 1435 Los Angeles, CA 90010-2334 (213) 736-3127	Sacramento Regional Office 1031 18 th Street, Suite 102 Sacramento, CA 95814 (916) 322-3198	San Francisco Regional Office 1330 Broadway, Suite 1532 Oakland, CA 94612-2514 (510) 622-1016
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